## City of Riverside Neighborhood Matching Grant Program Application

Please type or Print the following information:	
1. Name of Neighborhood Organization:	
2. Contact Person:	
3. Mailing Address:	
4. City, Zip Code:	14
5. Telephone Information: Home: ( )	Work: ( )

## Please briefly answer the following:

The Project would improve the neighborhood by:

## Amount of funds requested (\$1000 per neighborhood is maximum):

1.	Neighborhood match:			
2.	In-kind (volunteer, labor, services, etc.):			
3.	Cash:			
ТО	OTAL:			
Name/Telephone number of person providing cost estimate:				
Na	nme: Ph	one:	(	)

Please note that all applications MUST be accompanied by a project budget.

Please provide brief statements as to how this project would benefit various aspects of your neighborhood. If necessary, you may attach additional sheets of information.

• This project would protect the health and safety of residents by:

- The projected number of households that would benefit from this project is:
- The project would complete, or tie together, the following existing improvement:
- This project is consistent with our city or neighborhood plan in that it:
- To complete this project, our neighborhood (or organization) is willing to provide the following:
- This project is a one-time expenditure and if there are any maintenance/operational costs, they are anticipated to be:
- Our neighborhood (or organization) will provide the following for maintenance and/or operations:

Please note that the City of Riverside CANNOT be responsible for the long-term project maintenance or operations of any Neighborhood Matching Grant project.

- Anticipated project time line from start to finish (note that all funds must be expended within six (6) months of grant approval):
- We solicited neighborhood input into the selection of this project by the following means (list dates or meetings, provide samples of door-to-door surveys and flyers that were distributed, and give a summary of the voting results whether at a formal meeting or mail in terms of the percentage of total area households):

I have read and understand the program guidelines of the Neighborhood Matching Grant Program. I have answered the above questions to the best of my knowledge.

## **Signature of Representative:**

Date: Number of Attachment Pages:

Please print and send (or fax) to: Development Department, 3900 Main Street #500, Riverside CA 92522, ATTN: Jeff McLaughlin, (909) 782-5649 fax (909) 782-5744